

# **EXHIBIT 36**



## LESSON PLAN COVER SHEET

<b>COURSE:</b> SLC Leadership Course		<b>TRAINEE LEVEL:</b> Probationary Sergeants
<b>LESSON:</b> EDP Workshop at John Jay College		<b>TIME REQUIRED:</b> 8 Hours
<b>PREPARED BY:</b> Officer of the Deputy Commissioner of Training Det. James Shanahan –Senior Instructor		<b>DATE PREPARED:</b> October, 2008
<b>APPROVED BY:</b> Lt. John Donnelly		<b>DATE APPROVED:</b> November 7, 2008
<b>REVISED BY:</b> Sgt. Nicole Dean		<b>DATE REVISED:</b> June 2, 2010
<b>TRAINING NEED</b> <b>To familiarize probationary sergeants on how to interact with emotionally disturbed persons.</b>		
<b>INSTRUCTIONAL GOAL:</b> <b>At the conclusion of this lesson the probationary sergeant will be familiar with how to tactically communicate with emotionally disturbed persons.</b>		
<b>PERFORMANCE OBJECTIVES:</b>  At the completion of this lesson the student will be able to:  <ol style="list-style-type: none"><li>1. Identify symptoms which may categorize a person as an EDP.</li><li>2. Identify and apply Patrol Guide procedures regarding non-violent custodial EDP's.</li><li>3. Identify and explain resources for family members of EDP's.</li><li>4. Employ proper tactics when confronting an EDP.</li></ol>		
<b>METHOD OF PRESENTATION</b> Role Play		<b>CLASSROOM REQUIREMENTS:</b> Seats
<b>METHOD OF EVALUATION:</b> Instructor Critique and Clinical Evaluation		
<b>STUDENT MATERIAL:</b> Handouts		
<b>TRAINING AIDS, SUPPLIES, EQUIPMENT:</b> Table, chairs, common household items		<b>BIBLIOGRAPHY:</b> Role playing in leadership training and group problem solving, Alan F Klein Handbook of creative learning exercises, Herbest M Engel, How to train the trainer, McGraw Hill 1997. NYS Instructor Handbook

<b>LESSON: EDP WORKSHOP</b>	<b>INSTRUCTOR CUES:</b>
<p style="text-align: center;"><b><u>INTRODUCTION</u></b></p> <p>This course has a unique design, construction and application. Firstly, police trainers review basic instruction regarding police process, protocol and procedure Germane to the departments highly valued mission of providing care to persons with emotional illness. Second, faculty members from John Jay College of Criminal Justice who are licensed psychologists co-facilitate the training and provide a crucial clinical underpinning to the body of work. Their vital contribution imbues this course with credibility and advances the best practices of their profession. Lastly, professional actors role play a variety of mental and emotional illnesses as well as behavioral disorders that give trainees a sense of realism. This method of instruction ha been referred to as 'structured improvisational' training. The actor-trainers are able to recreate a variety of mental illness and emotional disorders. They include: schizophrenia, depression, paranoia, bipolar conditions, borderline personality disorder, as well as panic attacks. Additionally, the actor-trainers portray family members, bystanders and other participants. The scenarios are consistent with real experiences a Police Officer may encounter.</p> <p>The theme of this training is to promote the ability to successfully isolate and contain an EDP while engaging in a tactically correct and tactfully sound process designed to bring the entire episode to an equitable conclusion.</p> <p>The goal is to enhance the safety of all participants while operating in a manner that maintains professional action that is aimed at reducing civilian complaints, lawsuits, and stress. The complexity and difficulty of dealing with EDP's is obvious and compels trainees to seek methods of remedy other than using physical force. The scenarios feature the EDP's presenting conditions that define them as dangerous to themselves or others yet, the overruling ambition of the training is to encourage utilization of Tactical Communication Skills.</p> <p>Finally, and additional element that adds to the intention of this workshop is a presentation by a representative of LifeNet. This twenty-four hour referral system is a welcomed addition as it speaks to the reality that often we are comfortably leaving a call of service where the individual is not an active danger to themselves or other. LifeNet provides multilingual memo book insert that enable a UMOS to make an onsite referral to a multitude of mental health providers.</p>	

LESSON: EDP WORKSHOP	INSTRUCTOR CUES:
<p>Instruction takes three forms: telling, showing and doing. Telling techniques are good when the subject matter is mainly information or attitude and is not complex. Showing is good when the subject matter if information or attitude and is complex. Doing is appropriate when teaching mental or physical skills. However, learning goals are best met when all three forms are utilized in conjunction with each other. Role plays are a very good way of maximizing the three forms of instruction. As an interactive form of learning. Role plays allow the student to exhibit and apply what they have learned as well as provide the instructor with the means to assess the effectiveness of the learning process. Role plays also provide an alternative to traditional classroom instruction and allow students to practice their craft with a more “hands-on” perspective in a protected environment. For all of these reasons, role plays are an extremely valuable formed tool for trainers and trainees.</p>	

**I. SCHIZOPHRENIA**

Recruit officers are assigned to respond to a noise complaint at an apartment with a neighbor as the complainant. As the officers knock on the door, they are greeted by a male tenant who is dismayed and hesitant to allow them entry. After gaining entry, the officers discover that there is a woman kneeling on the floor with a makeshift "barrier" surrounding her. The woman is upset and rambling incoherently. The officers interview the tenant and are informed that the couple is a husband and his wife. The husband tells the officers that his wife is schizophrenic and is refusing to take her medicine. He also tells the officers that his wife believes that the medicine is poison and he discovered that she has been throwing the pills in the toilet for weeks. When questioned further, he tells the officer that when not on medication, his wife hears voices (Charlie). The husband advises the officers that the situation has happened frequently, and the police have responded before. The husband tells the officers about the response of two particular officers, one who was very helpful (Flanagan) and another whose response was callous, impatient, and as a result injured his wife (Smith). The husband asks the officers if they know or can get Flanagan to respond. To further complicate matters, the husband is concerned with a new job that he is late for. Subsequent approach and conversation with the wife, she stated that the voice is telling her to jump out of the window. She also states that the barrier is her zone of protection from people who she believes are trying to get her.

**OBJECTIVES**

- Officers should illustrate an understanding and compliance of Department Guidelines regarding non-violent custodial EDP situation.
- Officers should attempt to gain voluntary compliance from the wife to allow them to handcuff her and transport her to the hospital using various tactical communication and problem solving techniques.
- Officer should employ their victimology skills to assist the husband with his employment situation and a referral to LifeNet is recommended.

**MODERATOR OBJECTIVES**

- Ensure that officers utilize proper tactics in the entry and interview of the participants.
- With the assistance of the clinicians, use "scene break" during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.

LESSON: EDP WORKSHOP	INSTRUCTOR CUES:
<p><b><u>CLINICIANS OBJECTIVES</u></b></p> <ul style="list-style-type: none"> <li>• Highlight and explain some of the symptoms of schizophrenia and behavior.</li> <li>• Recommend communication strategies.</li> <li>• Briefly explain medical diagnosis and psychological treatment.</li> </ul> <p><b><u>II. MANIA/MANIC</u></b></p> <p>Recruit officers are assigned to respond to a dispute at an apartment. As the officers knock on the door, they are greeted by a woman who seems desperate and concerned about her husband who is in another room (behind a closed door). The woman claims that her husband has been acting erratic since the recent death of one of his parents. The woman also tells the officers that for the past couple of days her husband has not slept or has eaten anything. He is rambling incoherently (which is audible through the door) and she has discovered that he has given their life savings to a stranger, the husband believing he was buying a church. She also states that this has never happened before and she feels helpless and does not know what to do. During the interview with the wife. The husband walks out of the other room, carrying a bible and wearing “priestly” clothing. His speech and mannerisms are accelerated. His ramblings are concentrated on his belief that he is the light of god and that he can resurrect the dead, illustrated by him telling one officer that they can shoot or stab the other officer and he will bring them back to life. He also tests the faith of the officers by asking if they can also see the light. Although his mannerisms are accelerated, he does acknowledge the officers. He is compliant but can only do what is asked of him for a brief moment. His desire is to go to a church he believes he bought that is on Queens Boulevard. To further complicate matters, the couple has a large dog as a pet this is locked in the bathroom, whose care becomes a concern of the husband prior to going to the hospital.</p> <p><b><u>OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Officers should illustrate and understand and compliance of Department Guidelines regarding non-violent custodial EDP situations.</li> <li>• Officers should attempt to gain voluntary compliance from the husband to allow them to handcuff and transport him to the hospital using various tactical communication and problem solving techniques.</li> <li>• Officers should employ their victimology skills to assist the wife. A referral to LifeNet is recommended.</li> </ul> <p><b><u>MODERATOR OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics in the entry and interview of the participants.</li> <li>• With the assistance of the clinicians, use “scene breaks” during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.</li> </ul>	

LESSON: EDP WORKSHOP	INSTRUCTOR CUES:
<p><b>CLINICIANS OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Highlight and explain some of the symptoms of mania/manic and behavior.</li> <li>• Recommend communication strategies.</li> <li>• Briefly explain medical and psychological diagnosis and treatment.</li> </ul> <p style="text-align: center;"><b>III. <u>Bi-Polar Disorder with Psychotic features</u></b></p> <p>Officers are on patrol in a large park (Central Park) when they encounter an apparent homeless man who is screaming into a garbage can. The homeless man's clothing is disheveled and he appears to be having a conversation with different "invisible" persons. On approach, the officers hear the homeless man claim that he has captured the devil and has the devil trapped in the garbage can. The officers also observed the man holding a wooden stick over the opening of the can. When questioned, the homeless man claims he is a reverend and his mission is to keep the devil trapped in the garbage can. He further state that the stick was anointed by god and is the only thing that can keep the devil in the can. The man gets extremely agitated when anyone approaches or he believes is getting too close. The man tells the officers that he has been on this mission for multiple days. The homeless man speaks with the officers but refuses to leave or let go of the stick for fear of the devil escaping. He also stated that if the devil gets out. He will have to kill himself. During the officers' conversation with the homeless man, he gets upset when a park patron tries to walk through the zone of safety.</p> <p><b>OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Officers should illustrate and understanding and compliance of Department Guidelines regarding non-violent custodial EDP situation.</li> <li>• Officers should attempt to isolate and contain the EDP.</li> <li>• Officers should attempt to gain voluntary compliance from the homeless man to allow them to handcuff and transport him to the hospital using various tactical communication and problem solving techniques.</li> </ul> <p><b>MODERATOR OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics in isolating and containing the homeless person.</li> <li>• With the assistance of the clinicians, use "scene breaks" during the scenario to highlight, address,, discuss and assist the officer to ensure a positive outcome.</li> </ul> <p><b>CLINICIANS OBJECTIVE:</b></p> <ul style="list-style-type: none"> <li>• Highlight and explain some of the symptoms of Bi-Polar Disorder and behavior.</li> <li>• Recommend communication strategies.</li> <li>• Briefly explain medical and psychological diagnosis and treatment.</li> </ul>	

LESSON: EDP WORKSHOP	INSTRUCTOR CUES:
<p><b>IV. <u>MANIA/MANIC</u></b></p> <p>Officers are on patrol when they encounter two people engaged in a dispute in front of a store. The officers separate the two individuals and try to determine the cause of the dispute. One person tells the officer that they are the owner of the store, and that the other person has been standing in front of his store for the past few days rambling incoherently and scaring away customers. The store owner is concerned that he will lose customers if the other person remains. The other person is apparently agitated and speaking extremely rapid. The officers find it difficult to understand what the person is saying. After listening to the person for a moment they begin to understand the person. This person believes that she/he is a general and that the store owner is a terrorist and is hiding explosives in the canned goods that are in the store. The "General" believes that his/her mission is to protect the president from this danger, and if she/he fails this mission, will have to kill themselves. The "General" also tells the officer that she/he has a schedule to keep in order to secure the presidents safety- at 3:00 PM they must be at the hotdog stand in front of Bellevue Hospital, at 4:00 PM they have to be at Yankee Stadium, at 5:00 PM they have to be at the Empire State Building. The EDP frequently asks the officer to repeat the schedule. Although not violent, the EDP gets agitated when the officers don't repeat the schedule correctly. The EDP becomes compliant when the schedule is repeated correctly to him/her.</p> <p><b>OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Officers should illustrate an understanding and compliance of Department Guidelines regarding non-violent custodial EDP situations.</li> <li>• Officers should attempt to isolate and contain the EDP.</li> <li>• Officers should attempt to gain voluntary compliance from the store owner, removing him/her from the scene.</li> <li>• Officers should attempt to gain voluntary compliance from the EDP to allow them to handcuff and transport them to the hospital using various tactical communication and problem solving techniques.</li> </ul> <p><b>MODERATOR OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics in separating and interviewing the persons in the dispute.</li> <li>• Ensure that officers utilize proper tactics in isolating and containing the EDP.</li> <li>• With the assistance of the clinicians, use "scene breaks" during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.</li> </ul>	

LESSON: EDP WORKSHOP	INSTRUCTOR CUES:
<p><b><u>CLINICIANS OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Highlight and explain some of the symptoms of mania/manic and behavior.</li> <li>• Recommend communication strategies.</li> <li>• Briefly explain medical and psychological diagnosis and treatment.</li> </ul> <p>V. <u>Borderline Personality Disorder</u></p> <p>Officers are on patrol when they come upon a male and a female having a dispute in front of a building. After separating the two. The officers begin their investigation. The male tells the officer that he lives in the building and upon coming home today saw the female (Monique) standing in front of his building. The male state that he met Monique when he visited Boston a few weeks ago. He tells the officer that they had a “one night stand” and although they exchanged phone numbers, did not return any of her numerous calls. The male does not know hoe she acquired his address, and is concerned that his wife may be coming home soon and he does not want his wife to know what happened. The male also tell the officer that he does not want Monique to contact him anymore. During the interview with Monique, she confirms the encounter in Boston. Monique also claims that their relationship is that of boyfriend and girlfriend. Monique tells the officer that she came from Boston to surprise her boyfriend and continue their relationship. During the interview, Monique displays a wide range of emotions. From showing extreme anger toward he boyfriend to deep concern about him. She claims that he is the love of her life, but is consistently flirting with the officers. Monique also admits to self mutilation in times of despair, showing visible scars on her forearm. After conferring with each other, the officers advise Monique that the male does not want any contact with her and that she should leave. The officers also tell her that if she refuses to leave or is she returns she may be subject to arrest. Showing anger and frustration, Monique threatens suicide.</p> <p><b><u>OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Officers should illustrate an understanding and compliance of Department Guidelines regarding non-violent custodial EDP situations.</li> <li>• Officers should attempt to isolate and contain the EDP.</li> <li>• Officers should attempt to gain voluntary compliance from the male, removing him from the scene.</li> <li>• Officers should explain options afforded to possible victims of domestic violence.</li> <li>• Officers should attempt to gain voluntary compliance from the EDP to allow them to handcuff and transport her to the hospital using various tactical communication and problem solving techniques.</li> </ul>	

<b>LESSON: EDP WORKSHOP</b>	<b>INSTRUCTOR CUES:</b>
<p><b><u>MODERATOR OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics in separating and interviewing the persons in the dispute.</li> <li>• Ensure that officers utilize proper tactics in isolating and containing the EDP.</li> <li>• With the assistance of the clinicians, use “scene breaks” during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.</li> </ul> <p><b><u>CLINICIANS OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Highlight and explain some of the symptoms of Borderline Personality Disorder and behavior patterns.</li> <li>• Recommend communication strategies.</li> <li>• Briefly explain medical and psychological diagnosis and treatment.</li> </ul> <p style="text-align: center;"><b><u>VI. DEPRESSION</u></b></p> <p>Officers are assigned to respond to a suspicious person on a roof of a building. When the officers arrive, they observe a person sitting on the edge of a scaffold. Upon interviewing the person, the officers learn that the person has recently had a personal medical/family catastrophe. The person feels emotionally and physically drained and believes that this is the only option left for them. The person does converse with the officer, but refuses to give them his/her name or to face the officers. The person continuously requests the officer to leave and not to approach.</p> <p><b><u>OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Officers should illustrate an understanding and compliance of Department Guidelines regarding non-violent custodial EDP situation.</li> <li>• Officer should attempt to isolate and contain EDP</li> <li>• Officers should attempt to gain voluntary compliance from the EDP to allow them to handcuff and transport them to the hospital using various tactical communication and problem solving techniques.</li> </ul> <p><b><u>MODERATOR OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics and Patrol Guide procedures in isolating and containing EDP.</li> <li>• With the assistance of the clinicians, use “scene breaks” during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.</li> </ul>	

<b>LESSON: EDP WORKSHOP</b>	<b>INSTRUCTOR CUES:</b>
<b>CLINICIANS OBJECTIVE:</b> <ul style="list-style-type: none"><li>• Highlight and explain some of the symptoms of Depression and behavior patterns.</li><li>• Recommend communication strategies</li><li>• Briefly explain medical and psychological diagnosis and treatment.</li></ul>	



## LESSON PLAN COVER SHEET

<b>COURSE:</b> SERGEANTS LEADERSHIP COURSE	<b>TRAINEE LEVEL:</b> NEWLY PROMOTED SERGEANTS
<b>LESSON:</b> PATROL SUPERVISOR Session #3 "Emotionally Disturbed Person"	<b>TIME REQUIRED:</b> <b>One hour</b>
<b>PREPARED BY:</b> Lt. Patrick Devito	<b>DATE PREPARED:</b> <b>01/10/2011</b>
<b>APPROVED BY:</b>	<b>DATE APPROVED:</b>
<b>REVISED BY:</b>	<b>DATE REVISED:</b>
<b>TRAINING NEED</b> To satisfy the need of the newly promoted Sergeant	
<b>INSTRUCTIONAL GOAL:</b> To prepare the newly promoted sergeant on the duties of the Patrol Supervisor in reference to EDPs	
<b>PERFORMANCE OBJECTIVES:</b>  At the completion of this lesson the student will be able to:  <ol style="list-style-type: none"><li>1. What is an EDP?</li><li>2. What is the Zone of Safety?</li><li>3. What are the procedures the sergeant is responsible for acting as the patrol supervisor?</li></ol>	
<b>METHOD OF PRESENTATION</b> Lecture	<b>CLASSROOM REQUIREMENTS:</b>
<b>METHOD OF EVALUATION:</b> Critique	
<b>STUDENT MATERIAL:</b> Black pen	
<b>TRAINING AIDS, SUPPLIES, EQUIPMENT:</b> Handout	<b>BIBLIOGRAPHY:</b> 216-05

<b>LESSON:</b> <b>Emotionally Disturbed Persons</b>	<b>INSTRUCTOR CUES:</b>
<p style="text-align: center;"><b><u>INTRODUCTION</u></b></p> <p>Patrol supervisors will usually be called to all radio runs of an emotionally disturbed person (EDP). As such the sergeant should understand:</p> <ul style="list-style-type: none"> <li>4. What is an EDP?</li> <li>5. What is the Zone of Safety?</li> <li>6. What are the procedures the sergeant is responsible for acting as the patrol supervisor?</li> </ul> <p>More in depth procedures and hands on scenarios are covered in the EDP workshop at John Jay College</p>	

<b>LESSON:</b> <b>Emotionally Disturbed Persons</b>	<b>INSTRUCTOR CUES:</b>
<p style="text-align: center;"><b><u>BODY</u></b></p> <p><b>I. WHAT IS AN EDP?</b></p> <p><b>EMOTIONALLY DISTURBED PERSON (EDP)</b> - A person who appears to be mentally ill or temporarily deranged and is conducting himself in a manner which a police officer reasonably believes is likely to result in serious injury to himself or others.</p> <p><b>II. <u>ZONE OF SAFETY</u> –</b></p> <p>The distance to be maintained between the EDP and the responding member(s) of the service. This distance should be greater than the effective range of the weapon (other than a firearm), and it may vary with each situation (e.g., type of weapon possessed, condition of EDP, surrounding area, etc.). A minimum distance of twenty (20) feet is recommended. An attempt will be made to maintain the “zone of safety” if the EDP does <u>not</u> remain stationary.</p> <p>WHEN THE PATROL SUPERVISOR IS REQUESTED TO RESPOND TO A EDP:</p> <p><b>III. THE PATROL SUPERVISOR WILL:</b></p> <ol style="list-style-type: none"> <li>1. Verify that Emergency Service Unit is responding, if required.             <ol style="list-style-type: none"> <li>a. Cancel response of Emergency Service Unit if services not required.</li> </ol> </li> <li>2. Direct uniformed members of the service to take EDP into custody if unarmed, not violent, and willing to leave voluntarily.</li> </ol>	

<b>LESSON:</b> <b>Emotionally Disturbed Persons</b>	<b>INSTRUCTOR CUES:</b>
<p><u>WHEN AIDED IS ISOLATED/CONTAINED BUT WILL NOT LEAVE VOLUNTARILY:</u></p> <ol style="list-style-type: none"> <li>1. <b>Establish firearms control.</b> <ol style="list-style-type: none"> <li>a. Direct members concerned not to use their firearms or use any other deadly physical force unless their lives or the life of another is in imminent danger.</li> </ol> </li> <li>2. Deploy protective devices (shields, etc.).</li> <li>3. Comply with provisions of P.G. 212-38, "<i>Hostage/Barricaded Person(s)</i>," where appropriate.</li> <li>4. Establish police lines if not already done.</li> <li>5. Request response of hostage negotiation team and coordinator through Communications Section.</li> <li>6. Notify desk officer that hostage negotiation team and coordinator have been notified and request response of precinct commander/duty captain.</li> <li>7. Request Emergency Service Unit on scene to have supervisor respond.</li> <li>8. If necessary, request assistance of:             <ol style="list-style-type: none"> <li>a. Interpreter, if language barrier</li> <li>b. Subject's family or friends</li> <li>c. Local clergyman</li> <li>d. Prominent local citizen</li> <li>e. Any public or private agency deemed appropriate for possible assistance</li> </ol> </li> </ol>	

<b>LESSON:</b> <b>Emotionally Disturbed Persons</b>	<b>INSTRUCTOR CUES:</b>
<p style="text-align: center;"><b><u>CONCLUSION</u></b></p> <p>The primary duty of <u>all</u> members of the service is to preserve human life. The safety of ALL persons involved is paramount in cases involving emotionally disturbed persons. If such person is dangerous to himself or others, necessary force may be used to prevent serious physical injury or death. Physical force will be used ONLY to the extent necessary to restrain the subject until delivered to a hospital or detention facility. Deadly physical force will be used ONLY as a last resort to protect the life of the uniformed member of the service assigned or any other person present. <u>If the emotionally disturbed person is armed or violent, no attempt will be made to take the EDP into custody without the specific direction of a supervisor unless there is an immediate threat of physical harm to the EDP or others are present.</u> If an EDP is not <u>immediately</u> dangerous, the person should be contained until assistance arrives. If the EDP is unarmed, not violent and willing to leave voluntarily, a uniformed member of the service may take such person into custody. When there is time to negotiate, all the time necessary to ensure the safety of all individuals will be used.</p>	

**LESSON:**  
**Emotionally Disturbed Persons**

**INSTRUCTOR**  
**CUES:**



## LESSON PLAN COVER SHEET

<b>COURSE:</b> SLC Leadership Course		<b>TRAINEE LEVEL:</b> Probationary Sergeants
<b>LESSON:</b> EDP Workshop at John Jay College		<b>TIME REQUIRED:</b> 8 Hours
<b>PREPARED BY:</b> Officer of the Deputy Commissioner of Training Det. James Shanahan –Senior Instructor		<b>DATE PREPARED:</b> October, 2008
<b>APPROVED BY:</b> Lt. John Donnelly		<b>DATE APPROVED:</b> November 7, 2008
<b>REVISED BY:</b> Sgt. Nicole Dean		<b>DATE REVISED:</b> 11/14/11
<b>TRAINING NEED</b> To familiarize probationary sergeants on how to interact with emotionally disturbed persons.		
<b>INSTRUCTIONAL GOAL:</b> At the conclusion of this lesson the probationary sergeant will be familiar with how to tactically communicate with emotionally disturbed persons.		
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<b>METHOD OF PRESENTATION</b> Role Play		<b>CLASSROOM REQUIREMENTS:</b> Seats
<b>METHOD OF EVALUATION:</b> Instructor Critique and Clinical Evaluation		
<b>STUDENT MATERIAL:</b> Handouts		
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**INTRODUCTION**

This course has a unique design, construction and application. Firstly, police trainers review basic instruction regarding police process, protocol, and procedure Germane to the departments highly valued mission of providing care to persons with emotional illness. Second, faculty members from John Jay College of Criminal Justice who are licensed psychologists co-facilitate the training and provide a crucial clinical underpinning to the body of work. Their vital contribution imbues this course with credibility and advances the best practices of their profession. Lastly, professional actors role play a variety of mental and emotional illnesses as well as behavioral disorders that give trainees a sense of realism. This method of instruction ha been referred to as 'structured improvisational' training. The actor-trainers are able to recreate a variety of mental illness and emotional disorders. They include: schizophrenia, depression, paranoia, bipolar conditions, borderline personality disorder, as well as panic attacks. Additionally, the actor-trainers portray family members, bystanders and other participants. The scenarios are consistent with real experiences a Police Officer may encounter.

The theme of this training is to promote the ability to successfully isolate and contain an EDP while engaging in a tactically correct and tactfully sound process designed to bring the entire episode to an equitable conclusion.

The goal is to enhance the safety of all participants while operating in a manner that maintains professional action that is aimed at reducing civilian complaints, lawsuits, and stress. The complexity and difficulty of dealing with EDP's is obvious and compels trainees to seek methods of remedy other than using physical force. The scenarios feature the EDP's presenting conditions that define them as dangerous to themselves or others yet, the overruling ambition of the training is to encourage utilization of Tactical Communication Skills.

Finally, and additional element that adds to the intention of this workshop is a presentation by a representative of Life Net. This twenty-four hour referral system is a welcomed addition as it speaks to the reality that often we are comfortably leaving a call of service where the individual is not an active danger to themselves or other. Life Net provides multilingual memo book insert that enable a UMOS to make an onsite referral to a multitude of mental health providers.

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<p>Instruction takes three forms: telling, showing and doing. Telling techniques are good when the subject matter is mainly information or attitude and is not complex. Showing is good when the subject matter if information or attitude and is complex. Doing is appropriate when teaching mental or physical skills. However, learning goals are best met when all three forms are utilized in conjunction with each other. Role plays are a very good way of maximizing the three forms of instruction. As an interactive form of learning. Role plays allow the student to exhibit and apply what they have learned as well as provide the instructor with the means to assess the effectiveness of the learning process. Role plays also provide an alternative to traditional classroom instruction and allow students to practice their craft with a more "hands-on" perspective in a protected environment. For all of these reasons, role plays are an extremely valuable formed tool for trainers and trainees.</p>	

LESSON: EDP WORKSHOP	INSTRUCTOR CUES:
<p><b>I. SCHIZOPHRENIA</b></p> <p>Recruit officers are assigned to respond to a noise complaint at an apartment with a neighbor as the complainant. As the officers knock on the door, they are greeted by a male tenant who is dismayed and hesitant to allow them entry. After gaining entry, the officers discover that there is a woman kneeling on the floor with a makeshift "barrier" surrounding her. The woman is upset and rambling incoherently. The officers interview the tenant and are informed that the couple is a husband and his wife. The husband tells the officers that his wife is schizophrenic and is refusing to take her medicine. He also tells the officers that his wife believes that the medicine is poison and he discovered that she has been throwing the pills in the toilet for weeks. When questioned further, he tells the officer that when not on medication, his wife hears voices (Charlie). The husband advises the officers that the situation has happened frequently, and the police have responded before. The husband tells the officers about the response of two particular officers, one who was very helpful (Flanagan) and another whose response was callous, impatient, and as a result injured his wife (Smith). The husband asks the officers if they know or can get Flanagan to respond. To further complicate matters, the husband is concerned with a new job that he is late for. Subsequent approach and conversation with the wife, she stated that the voice is telling her to jump out of the window. She also states that the barrier is her zone of protection from people who she believes are trying to get her.</p> <p><b>OBJECTIVES</b></p> <ul style="list-style-type: none"> <li>• Officers should illustrate an understanding and compliance of Department Guidelines regarding non-violent custodial EDP situation.</li> <li>• Officers should attempt to gain voluntary compliance from the wife to allow them to handcuff her and transport her to the hospital using various tactical communication and problem solving techniques.</li> <li>• Officer should employ their victimology skills to assist the husband with his employment situation and a referral to LifeNet is recommended.</li> </ul> <p><b>MODERATOR OBJECTIVES</b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics in the entry and interview of the participants.</li> <li>• With the assistance of the clinicians, use "scene break" during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.</li> </ul>	

LESSON: EDP WORKSHOP	INSTRUCTOR CUES:
<p><b>CLINICIANS OBJECTIVES</b></p> <ul style="list-style-type: none"> <li>• Highlight and explain some of the symptoms of schizophrenia and behavior.</li> <li>• Recommend communication strategies.</li> <li>• Briefly explain medical diagnosis and psychological treatment.</li> </ul> <p>II. <u>MANIA/MANIC</u></p> <p>Recruit officers are assigned to respond to a dispute at an apartment. As the officers knock on the door, they are greeted by a woman who seems desperate and concerned about her husband who is in another room (behind a closed door). The woman claims that her husband has been acting erratic since the recent death of one of his parents. The woman also tells the officers that for the past couple of days her husband has not slept or has eaten anything. He is rambling incoherently (which is audible through the door) and she has discovered that he has given their life savings to a stranger, the husband believing he was buying a church. She also states that this has never happened before and she feels helpless and does not know what to do. During the interview with the wife. The husband walks out of the other room, carrying a bible and wearing “priestly” clothing. His speech and mannerisms are accelerated. His ramblings are concentrated on his belief that he is the light of god and that he can resurrect the dead, illustrated by him telling one officer that they can shoot or stab the other officer and he will bring them back to life. He also tests the faith of the officers by asking if they can also see the light. Although his mannerisms are accelerated, he does acknowledge the officers. He is compliant but can only do what is asked of him for a brief moment. His desire is to go to a church he believes he bought that is on Queens Boulevard. To further complicate matters, the couple has a large dog as a pet this is locked in the bathroom, whose care becomes a concern of the husband prior to going to the hospital.</p> <p><b>OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Officers should illustrate and understand and compliance of Department Guidelines regarding non-violent custodial EDP situations.</li> <li>• Officers should attempt to gain voluntary compliance from the husband to allow them to handcuff and transport him to the hospital using various tactical communication and problem solving techniques.</li> <li>• Officers should employ their victimology skills to assist the wife. A referral to LifeNet is recommended.</li> </ul> <p><b>MODERATOR OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics in the entry and interview of the participants.</li> <li>• With the assistance of the clinicians, use “scene breaks” during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.</li> </ul>	

LESSON: EDP WORKSHOP	INSTRUCTOR CUES:
<p><b>CLINICIANS OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Highlight and explain some of the symptoms of mania/manic and behavior.</li> <li>• Recommend communication strategies.</li> <li>• Briefly explain medical and psychological diagnosis and treatment.</li> </ul> <p><b>III. <u>Bi-Polar Disorder with Psychotic features</u></b></p> <p>Officers are on patrol in a large park (Central Park) when they encounter an apparent homeless man who is screaming into a garbage can. The homeless man's clothing is disheveled and he appears to be having a conversation with different "invisible" persons. On approach, the officers hear the homeless man claim that he has captured the devil and has the devil trapped in the garbage can. The officers also observed the man holding a wooden stick over the opening of the can. When questioned, the homeless man claims he is a reverend and his mission is to keep the devil trapped in the garbage can. He further state that the stick was anointed by god and is the only thing that can keep the devil in the can. The man gets extremely agitated when anyone approaches or he believes is getting too close. The man tells the officers that he has been on this mission for multiple days. The homeless man speaks with the officers but refuses to leave or let go of the stick for fear of the devil escaping. He also stated that if the devil gets out. He will have to kill himself. During the officers' conversation with the homeless man, he gets upset when a park patron tries to walk through the zone of safety.</p> <p><b>OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Officers should illustrate and understand and compliance of Department Guidelines regarding non-violent custodial EDP situation.</li> <li>• Officers should attempt to isolate and contain the EDP.</li> <li>• Officers should attempt to gain voluntary compliance from the homeless man to allow them to handcuff and transport him to the hospital using various tactical communication and problem solving techniques.</li> </ul> <p><b>MODERATOR OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics in isolating and containing the homeless person.</li> <li>• With the assistance of the clinicians, use "scene breaks" during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.</li> </ul> <p><b>CLINICIANS OBJECTIVE:</b></p> <ul style="list-style-type: none"> <li>• Highlight and explain some of the symptoms of Bi-Polar Disorder and behavior.</li> <li>• Recommend communication strategies.</li> <li>• Briefly explain medical and psychological diagnosis and treatment.</li> </ul>	

LESSON: EDP WORKSHOP	INSTRUCTOR CUES:
<p>IV. <u>MANIA/MANIC</u></p> <p>Officers are on patrol when they encounter two people engaged in a dispute in front of a store. The officers separate the two individuals and try to determine the cause of the dispute. One person tells the officer that they are the owner of the store, and that the other person has been standing in front of his store for the past few days rambling incoherently and scaring away customers. The store owner is concerned that he will lose customers if the other person remains. The other person is apparently agitated and speaking extremely rapid. The officers find it difficult to understand what the person is saying. After listening to the person for a moment they begin to understand the person. This person believes that she/he is a general and that the store owner is a terrorist and is hiding explosives in the canned goods that are in the store. The "General" believes that his/her mission is to protect the president from this danger, and if she/he fails this mission, will have to kill themselves. The "General" also tells the officer that she/he has a schedule to keep in order to secure the president's safety- at 3:00 PM they must be at the hotdog stand in front of Bellevue Hospital, at 4:00 PM they have to be at Yankee Stadium, at 5:00 PM they have to be at the Empire State Building. The EDP frequently asks the officer to repeat the schedule. Although not violent, the EDP gets agitated when the officers don't repeat the schedule correctly. The EDP becomes compliant when the schedule is repeated correctly to him/her.</p> <p><b>OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Officers should illustrate an understanding and compliance of Department Guidelines regarding non-violent custodial EDP situations.</li> <li>• Officers should attempt to isolate and contain the EDP.</li> <li>• Officers should attempt to gain voluntary compliance from the store owner, removing him/her from the scene.</li> <li>• Officers should attempt to gain voluntary compliance from the EDP to allow them to handcuff and transport them to the hospital using various tactical communication and problem solving techniques.</li> </ul> <p><b>MODERATOR OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics in separating and interviewing the persons in the dispute.</li> <li>• Ensure that officers utilize proper tactics in isolating and containing the EDP.</li> <li>• With the assistance of the clinicians, use "scene breaks" during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.</li> </ul>	

**LESSON: EDP WORKSHOP****INSTRUCTOR  
CUES:****CLINICIANS OBJECTIVES:**

- Highlight and explain some of the symptoms of mania/manic and behavior.
- Recommend communication strategies.
- Briefly explain medical and psychological diagnosis and treatment.

**V. Borderline Personality Disorder**

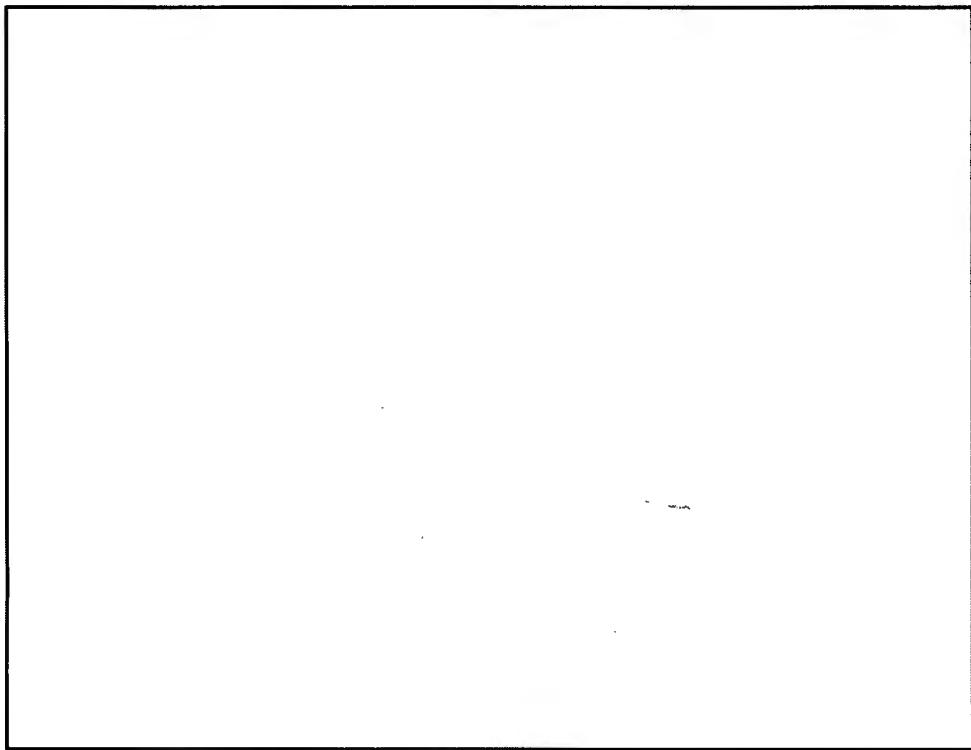
Officers are on patrol when they come upon a male and a female having a dispute in front of a building. After separating the two. The officers begin their investigation. The male tells the officer that he lives in the building and upon coming home today saw the female (Monique) standing in front of his building. The male state that he met Monique when he visited Boston a few weeks ago. He tells the officer that they had a “one night stand” and although they exchanged phone numbers, did not return any of her numerous calls. The male does not know how she acquired his address, and is concerned that his wife may be coming home soon and he does not want his wife to know what happened. The male also tell the officer that he does not want Monique to contact him anymore. During the interview with Monique, she confirms the encounter in Boston. Monique also claims that their relationship is that of boyfriend and girlfriend. Monique tells the officer that she came from Boston to surprise her boyfriend and continue their relationship. During the interview, Monique displays a wide range of emotions. From showing extreme anger toward her boyfriend to deep concern about him. She claims that he is the love of her life, but is consistently flirting with the officers. Monique also admits to self mutilation in times of despair, showing visible scars on her forearm. After conferring with each other, the officers advise Monique that the male does not want any contact with her and that she should leave. The officers also tell her that if she refuses to leave or if she returns she may be subject to arrest. Showing anger and frustration, Monique threatens suicide.

**OBJECTIVES:**

- Officers should illustrate an understanding and compliance of Department Guidelines regarding non-violent custodial EDP situations.
- Officers should attempt to isolate and contain the EDP.
- Officers should attempt to gain voluntary compliance from the male, removing him from the scene.
- Officers should explain options afforded to possible victims of domestic violence.
- Officers should attempt to gain voluntary compliance from the EDP to allow them to handcuff and transport her to the hospital using various tactical communication and problem solving techniques.

LESSON: EDP WORKSHOP	INSTRUCTOR CUES:
<p><b><u>MODERATOR OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics in separating and interviewing the persons in the dispute.</li> <li>• Ensure that officers utilize proper tactics in isolating and containing the EDP.</li> <li>• With the assistance of the clinicians, use “scene breaks” during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.</li> </ul> <p><b><u>CLINICIANS OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Highlight and explain some of the symptoms of Borderline Personality Disorder and behavior patterns.</li> <li>• Recommend communication strategies.</li> <li>• Briefly explain medical and psychological diagnosis and treatment.</li> </ul> <p style="text-align: center;"><b><u>VI. DEPRESSION</u></b></p> <p>Officers are assigned to respond to a suspicious person on a roof of a building. When the officers arrive, they observe a person sitting on the edge of a scaffold. Upon interviewing the person, the officers learn that the person has recently had a personal medical/family catastrophe. The person feels emotionally and physically drained and believes that this is the only option left for them. The person does converse with the officer, but refuses to give them his/her name or to face the officers. The person continuously requests the officer to leave and not to approach.</p> <p><b><u>OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Officers should illustrate an understanding and compliance of Department Guidelines regarding non-violent custodial EDP situation.</li> <li>• Officer should attempt to isolate and contain EDP</li> <li>• Officers should attempt to gain voluntary compliance from the EDP to allow them to handcuff and transport them to the hospital using various tactical communication and problem solving techniques.</li> </ul> <p><b><u>MODERATOR OBJECTIVES:</u></b></p> <ul style="list-style-type: none"> <li>• Ensure that officers utilize proper tactics and Patrol Guide procedures in isolating and containing EDP.</li> <li>• With the assistance of the clinicians, use “scene breaks” during the scenario to highlight, address, discuss and assist the officer to ensure a positive outcome.</li> </ul>	

<b>LESSON: EDP WORKSHOP</b>	<b>INSTRUCTOR CUES:</b>
<b><u>CLINICIANS OBJECTIVE:</u></b> <ul style="list-style-type: none"><li>• Highlight and explain some of the symptoms of Depression and behavior patterns.</li><li>• Recommend communication strategies</li><li>• Briefly explain medical and psychological diagnosis and treatment.</li></ul>	



## **Sergeant's Leadership Course**

**Module Number:**

**Emotional Disturbed Persons Workshop**

**Instructor Guide**



# Sergeants Leadership Course

## Module Number and EDP Workshop



### MODULE # SYNOPSIS

Date Prepared: 03/13/14

Date Reviewed / Revised: 03/17/14

Prepared By: Sgt. Christine Keeney

Reviewed/Approved By: Lt. Patrick DeVito

This module will provide the participant with the ability to supervise and manage situations involving Emotionally Disturbed Persons.

**Method of Instruction:** Roll Play / Lecture / discussion / question and answer

**Time Allocated:** 8 Hours

**Training Need:** To familiarize newly promoted sergeants with managing situations involving mentally ill/ emotionally disturbed persons.

**Terminal Learning Objective:** At the completion of this module, participants will understand when a person is emotionally disturbed and how to manage situations involving EDPS.

**Learning Outcomes:**

1. Recognize the cognitive, behavioral, and emotional symptoms associated with various types of mental illness.
2. Identify and execute an informed course of action in managing situations involving mentally ill or emotionally disturbed individuals.
3. Supervising and directing resources on scene.
4. Identify available resources and when to request such resources.
5. Applying Patrol Guide procedures, when necessary.

**Required Reading:** N/A

**Instructional Resources Required:**

- PowerPoint projector
- Computer with monitor
- Classroom seating
- Table, chairs, common household items

**Evaluation Strategies:**

- Observation of the level and quality of classroom participation.
- Outcome of classroom exercise.
- Instructor critique.
- Clinical evaluation.

**References:**

Patrol Guide procedure 216-05

Managing Situations Involving Emotionally Disturbed Persons (Training Guide prepared by John Jay College)



## Sergeants Leadership Course

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**Learning Outcome #1:**  
*Recognizing symptoms of mental illness*

There are numerous situations involving a mentally ill / emotionally disturbed person that necessitates the response of members of the NYPD. Newly promoted sergeants are responsible to ensure: the safety of all involved and present; and that every attempt is made to achieve a safe and effective outcome, preferably achieving voluntary compliance from the emotionally disturbed/mentally ill person.

The Uniformed Promotions Unit, in conjunction with professional psychologists of John Jay College and supported by the Department of Mental Health, will conduct numerous roll plays. Students will participate in these role plays as supervisors at an incident involving emotionally disturbed person(s). Professional improvisational actors will play the part of the EDPs and others involved. Sergeant/sergeant candidates will be critiqued of their outcomes.

At the end of this lesson, sergeant/sergeant candidates will better be able to:

1. Recognize the cognitive, behavioral, and emotional symptoms associated with various types of mental illness.
2. Identify and execute an informed course of action in managing situations involving mentally ill or emotionally disturbed individuals.
3. Supervising and directing resources on scene.
4. Identify available resources and when to request such resources.
5. Applying Patrol Guide procedures, when necessary.

#### Instructor Notes:



## Sergeants Leadership Course

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#### I. RECOGNIZE THE COGNITIVE, BEHAVIORAL, AND EMOTIONAL SYMPTOMS ASSOCIATED WITH VARIOUS TYPES OF MENTAL ILLNESS.

Students will be participating in various roll plays throughout the day involving various mental illnesses. Clinicians of John Jay College will identify various illnesses and their symptoms. Illnesses defined to the sergeant/sergeant candidates include:

- A. Schizophrenia: A break from or distortion of reality in thoughts, perceptions, and emotions. It may include delusions, hallucinations, and social withdrawal. People with Schizophrenia often display inappropriate or bizarre behavior and a flattened or restricted emotional response to events.

##### *Roll Play: [Schizophrenia]*

*Officers respond to a noise complaint at an apartment with a neighbor as the complainant. As the officers knock on the door, they are greeted by a male tenant who is dismayed and hesitant to allow them entry. After gaining entry, the officers discover that there is a woman kneeling on the floor with a makeshift "barrier" surrounding her. The woman is upset and rambling incoherently. The officers interview the tenant and are informed that the couple is a husband and his wife. The husband tells the officers that his wife is schizophrenic and is refusing to take her medicine. He also tells the officers that his wife believes that the medicine is poison and he discovered that she has been throwing the pills in the toilet for weeks. When questioned further, he tells the officer that when not on medication, his wife hears voices (Charlie). The husband advises the officers that the situation has happened frequently, and the police have responded before. The husband tells the officers about the response of two particular officers, one who was very helpful (Flanagan) and another whose response was callous, impatient, and as a result injured his wife (Smith). The husband asks the officers if they know or can get Flanagan to respond. To further complicate matters, the husband is concerned with a new job that he is late for. Subsequent approach and conversation with the wife, she stated that the voice is telling her to jump out of the window. She also states that the barrier is her zone of protection from people who she believes are trying to get her. Officers request the response of the patrol supervisor, who responds soon after the request.*

Note: Sergeant Candidates determine their course of action. The actors respond respectively of the decisions made by the patrol supervisor.

#### Instructor Notes:

Choose one (1) sergeant candidate to play the role of patrol supervisor; choose two (2) to play the role of responding officers.

Instructors can "freeze" the roll play to assist or give direction to participant.

Objective is to obtain a peaceful outcome with voluntary compliance of removal of the EDP.

Clinicians and moderators will critique and evaluate roll play.



## Sergeants Leadership Course

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- B. Somatoform Disorders: Psychological disorders that show themselves in a physical symptom of the body but for which there is no known or discoverable physiological cause (i.e. People feel sick even when they aren't physically sick).
- C. Dissociative Disorders: Disorders characterized by separation (dissociation) of parts of the personality from the integrated whole person. They include Dissociative Identify Disorder (aka Multiple Personality Disorder), Amnesias, and Dissociative Fugue (amnesia for recent events or lack of awareness of personal identify, followed by unexpected travel to some far-off place and the assumption of a new identity). Persons may temporarily lose their sense of personal identity and not feel like themselves or not know themselves (or both).
- D. Mood Disorders, Depression, and Suicide: Disturbances in emotional feelings strong enough to impair social, occupational, and daily functioning. They include Depression, Mania, and Bipolar Disorders. Suicide is a major risk facing people who are moderately or severely depressed. Many times they function normally but, if a traumatic event or stressful situation occurs (i.e. a failure, loss, or setback) they can easily start to contemplate suicide as a way out rather than seek ways to cope with problems. Also, if medication is discontinued or is ineffective, a depressed person can become suicidal. Suicide-prone people seek instant relief from the pain of negative thoughts and hopelessness by using a long-term solution (self-caused death) to a short-term problem. This is because depression tends to create tunnel vision, in which sufferers cannot envision that problems can go away and that things can get better.

#### Instructor Notes:



## Sergeants Leadership Course

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#### **Roll Play: [Mania/Manic]**

Officers respond to a dispute at an apartment. As the officers knock on the door, they are greeted by a woman who seems desperate and concerned about her husband who is in another room (behind a closed door). The woman claims that her husband has been acting erratic since the recent death of one of his parents. The woman also tells the officers that for the past couple of days her husband has not slept or has eaten anything. He is rambling incoherently (which is audible through the door) and she has discovered that he has given their life savings to a stranger, the husband believing he was buying a church. She also states that this has never happened before and she feels helpless and does not know what to do. During the interview with the wife the husband walks out of the other room, carrying a bible and wearing "priestly" clothing. His speech and mannerisms are accelerated. His ramblings are concentrated on his belief that he is the light of God and that he can resurrect the dead, illustrated by him telling one officer that they can shoot or stab the other officer and he will bring them back to life. He also tests the faith of the officers by asking if they can also see the light. Although his mannerisms are accelerated, he does acknowledge the officers. He is compliant but can only do what is asked of him for a brief moment. His desire is to go to a church he believes he bought that is on Queens Boulevard. To further complicate matters, the couple has a large dog as a pet that is locked in the bathroom, whose care becomes a concern of the husband prior to going to the hospital.

Note: Sergeant Candidates determine their course of action. The actors respond respectively of the decisions made by the patrol supervisor.

#### **Instructor Notes:**

Choose one (1) sergeant candidate to play the role of patrol supervisor; choose two (2) to play the role of responding officers.

Instructors can "freeze" the roll play to assist or give direction to participant.

Objective is to obtain a peaceful outcome with voluntary compliance of removal of the EDP.

Clinicians and moderators will critique and evaluate roll play.



## Sergeants Leadership Course

### Module Number and EDP Workshop



#### *Roll Play: [Bi-Polar Disorder with Psychotic features]*

Officers are on patrol in a large park (Central Park) when they encounter an apparent homeless man who is screaming into a garbage can. The homeless man's clothing is disheveled and he appears to be having a conversation with different "invisible" persons. On approach, the officers hear the homeless man claim that he has captured the devil and has the devil trapped in the garbage can. The officers also observed the man holding a wooden stick over the opening of the can. When questioned, the homeless man claims he is a reverend and his mission is to keep the devil trapped in the garbage can. He further states that the stick was anointed by God and is the only thing that can keep the devil in the can. The man gets extremely agitated when anyone approaches or he believes is getting too close. The man tells the officers that he has been on this mission for multiple days. The homeless man speaks with the officers but refuses to leave or let go of the stick for fear of the devil escaping. He also stated that if the devil gets out he will have to kill himself. During the officers' conversation with the homeless man, he gets upset when a park patron tires to walk through the zone of safety.

Note: Sergeant Candidates determine their course of action. The actors respond respectively of the decisions made by the patrol supervisor.

#### **Instructor Notes:**

Choose one (1) sergeant candidate to play the role of patrol supervisor; choose two (2) to play the role of responding officers.

Instructors can "freeze" the roll play to assist or give direction to participant.

Objective is to obtain a peaceful outcome with voluntary compliance of removal of the EDP.

Clinicians and moderators will critique and evaluate roll play.



## Sergeants Leadership Course

### Module Number and EDP Workshop



#### *Roll Play: [Depression/Suicidal]*

*Officers respond to a radio run of a disorderly person in front of a residential apartment building. Upon arrival, the officers encounter an intoxicated male with numerous empty alcohol containers, including one in the person's hand. The officers begin dialogue with the male as they request a bus to the scene. The male tells them to mark the job "10-90x". The supervisor responds to the scene and also converses with the male, who tells the UMOS that he lost his wife in the past and recently lost his son while he was at war overseas. He also informs the UMOS that he would like to go to his wife and that he is not going to the "farm" again because he has already been there three (3) times. The male has on his person his NYPD sergeant's shield and his firearm. If questioned, he admits to being an active UMOS himself and has 20+ years "on the job".*

Note: Sergeant Candidates determine their course of action. The actors respond respectively of the decisions made by the patrol supervisor.

#### **Instructor Notes:**

Choose one (1) sergeant candidate to play the role of patrol supervisor; choose two (2) to play the role of responding officers.

Instructors can "freeze" the roll play to assist or give direction to participant.

Objective is to obtain a peaceful outcome with voluntary compliance of removal of the EDP.

Clinicians and moderators will critique and evaluate roll play.



## Sergeants Leadership Course Module Number and EDP Workshop



- D. Personality Disorders: A set of inflexible, maladaptive traits and behavior patterns that prevent proper functioning in society. They include Antisocial, Borderline, and Narcissistic Personality Disorders.
- E. Anxiety Disorders: Disorders characterized by overwhelming feelings of apprehension, worry, fear, and impending doom. They include Phobias, Panic Attacks, Generalized Anxiety Disorders, Obsessive Compulsive Disorders, Post-Traumatic Stress Disorder, etc.
- F. Childhood Disorders: Psychological disorders that appear in childhood, such as Attention Deficit Hyperactivity Disorder or Autism Spectrum Disorder.
- G. Other Disorders: These are widespread and include substance use, eating, sexual, and organic disorders.

### Instructor Notes:



## Sergeants Leadership Course

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#### **Learning Outcome #2**

*Ensure that an informed course of action is executed.*

- II. IDENTIFY AND EXECUTE AN INFORMED COURSE OF ACTION IN MANAGING SITUATIONS INVOLVING MENTALLY ILL OR EMOTIONALLY DISTURBED INDIVIDUALS.
- III. Assess for any danger to self or others.
  - 1. Are there possible weapons on or near the EDP?
  - 2. Is the EDP in close proximity to a door or window?
- IV. Direct resources to gather information. Resources can include UMOS on scene, family members, neighbors, etc.
- V. Ensure that there is an open line of communication (or attempt thereof) to the EDP/mentally ill person. In order to achieve voluntary compliance, ensure the police officer is utilizing the skills of communication (verbal and non-verbal), active listening, and persuasion. Some active listening techniques include paraphrasing, encouraging, emotional labeling, mirroring and summarizing. When one actively listens to a person, that person tends to listen more to themselves and are better able to communicate what they are thinking and feeling. Active listening also can decrease argumentativeness and prime others to incorporate the other points of view.

#### **Instructor Notes:**



# Sergeants Leadership Course

## Module Number and EDP Workshop



**Learning  
Outcome #3**  
**Supervising and  
directing resources**

### VI. SUPERVISING AND DIRECTING RESOURCES ON SCENE

Supervisors on the scene of incidents involving EDPs and mentally ill persons are to ensure that all resources are being used to obtain the goal, voluntary compliance. Resources are including but not limited to:

- A. UMOS on scene
- B. Family members
- C. Friends/neighbors
- D. Etc.

Supervisors should direct officers to gather information and handle the situation; supervisors should refrain from handling the situation personally, unless exceptional circumstances exist.

**Instructor Notes:**



## Sergeants Leadership Course

### Module Number and EDP Workshop



**Learning Outcome #4**  
*Identifying resources and when to request such resources.*

#### IV. IDENTIFYING AVAILABLE RESOURCES AND WHEN TO REQUEST SUCH RESOURCES.

Supervisors have various resources that can assist during situations involving EDP/mentally ill persons. Resources include but are not limited to:

- A. Family/friends/neighbors
- B. Local clergyman
- C. Any public or private agency deemed appropriate for possible assistance.
- D. ESU

The objective is to have the EDP voluntary comply with the direction of the supervisor. In the event of non voluntary and/or barricaded EDP, resources that should be used are, but not limited to:

- E. Hostage and negotiations team
- F. Commanding Officer/Duty Captain

**Instructor Notes:**



## Sergeants Leadership Course

### Module Number and EDP Workshop



**Learning  
Outcome #5**  
*Applying Patrol  
Guide procedures*

#### V. APPLYING PATROL GUIDE PROCEDURES WHEN NECESSARY

- A. Establish firearms control
- B. Deployment of protective devices
- C. Establishing police lines

**Instructor Notes:**



## Sergeants Leadership Course

### Module Number and EDP Workshop



Supervisors will respond to numerous incidents/situations involving EDPs/mentally ill persons. The main objective should be to obtain voluntary compliance. This workshop will assist supervisors with information and tactics to help obtain that goal.

A representative of Life Net will also be present to give new supervisors an additional resource. Life Net is a twenty-four hour referral system for individuals who may need assistance but do not pose a threat to themselves or others. Life Net provides multilingual memo book insert that enable a UMOS to make an onsite referral to a multitude of mental health providers.

#### Review:

1. Identify cognitive, behavioral, and emotional symptoms associated with various types of mental illness.
2. Explain an informed course of action to execute when managing a situation involving mentally ill or emotionally disturbed individual.
3. Explain how to supervise and direct resources on scene.
4. Identify available resources and when to request such resources.
5. Explain when to apply Patrol Guide procedures.

#### Instructor Notes: